



SUPPLEMENTAL BUILDING PERMIT APPLICATION

(for combination building permits)

Combined Permit #	Application Date	Intake Tech
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WILL THERE BE CLEARING & GRADING WORK? Yes π No π
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1. Contractor _____ Phone # (____) _____

2. Contractor's St License # _____ City of Bellevue License # _____

WILL THERE BE ANY PLUMBING WORK? Yes π No π
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3. Plumbing Contractor _____ Phone # (____) _____

4. Contractor's State License # _____ City of Bellevue License # _____

Indicate number of each: (specify if adding, replacing or relocating)

<input type="checkbox"/> Bathtub	<input type="checkbox"/> Shower	<input type="checkbox"/> Water Service (pipe size _____ inches)
<input type="checkbox"/> Bldg Drain	<input type="checkbox"/> Sinks	<input type="checkbox"/> Elec Hot Water Tank (new _____ retrofit _____)
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Wash Basin	<input type="checkbox"/> Backflow (pipe size _____ inches)
<input type="checkbox"/> Drains	<input type="checkbox"/> Laundry Tub/Clothes Washer	
<input type="checkbox"/> Deck Drain	<input type="checkbox"/> Toilet	

WILL THERE BE ANY MECHANICAL WORK? Yes π No π
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5. Mechanical Contractor _____ Phone # (____) _____

6. Contractor's State License # _____ City of Bellevue License # _____

Indicate number of each:

<input type="checkbox"/> Furnace	<input type="checkbox"/> Heaters	<input type="checkbox"/> Gas Stoves	<input type="checkbox"/> Radiant Heat
<input type="checkbox"/> Furnace w/AC	<input type="checkbox"/> Gas BBQ	<input type="checkbox"/> Gas Water Heaters	
<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Gas Cooktop	<input type="checkbox"/> Gas Piping Only	
<input type="checkbox"/> A/C Only	<input type="checkbox"/> Gas Dryer	<input type="checkbox"/> Heat Ducts	
<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Gas Log Lighter	<input type="checkbox"/> Vents	
<input type="checkbox"/> Fireplace Insert	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Fuel Storage Tank	

WILL THERE BE ANY ELECTRICAL WORK? Yes π No π
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7. Electrical Contractor _____ Phone # (____) _____
(Must provide unless owner is doing work)

8. Contractor's State License # _____ City of Bellevue License # _____

9. Description of Work _____

_____ Value of Electrical Work: _____

I hereby certify that the information on this application is true and correct and that the applicable requirements of the City of Bellevue will be met.

Signature _____ Date _____
(Owner/Owner's Agent)